بسم الله الرحمن الرحيم

عنوان المحاضرة: Premature Rupture of Membranes

تاريخ المحاضرة : 4/4/2013

المحاضر :د. أحمد قضب

Preterm Premature Rupture of Membranes: (PPROM)

Definition: Spontaneous rupture of the fetal membranes before the onset of labor at gestational age beyond 37 weeks

-***Membranes:*** the amnion & the chorion which surround a developing fetus.

Function: 1-Protection of the fetus 2-Preservation of the Liquor (amniotic fluid)

ـ لازم نعرف كويس الـGestational Age والـ Well-being of the fetus لأن على أساسهم بنحدد امتى يكون الـRupture ده

ـ لأن خلال الولادة لازم يحصل Rupture حتى لو كان artificial اللي بنسميه Premature Pre-labor/Intrapartum ROM ، ممكن الـRupture يحصل والـCervix لسه مقفول لو فيه زيادة الضغط زي الـPolyhydramnios أو نتيجة Trauma/Infection

ـ لو حصل قبل ٢٦ أسبوع بنعتبره Abortion وقد يعتبر Extreme premature ROM ، لكن اللي يهمنا هما الأسابيع ٢٦ـ٣٧

****Latency Period:** the time lag between the ROM & the onset of labor, ↓ with the ↑ of gestational age

Incidence: -Occurs In 3% to 19% of pregnancies -Account for 30% of preterm births
-If occurs before 26 wks, 50% of cases will labor within 24 hrs

Significance: -Short term neonatal morbidity: Resp Distress Syndrome, Jaundice, intracranial Hemorrhage
-Long term morbidity: Cerebral Palsy, Mental Retardation

Etiology & Risk Factors:

1-Intrauterine Infection 2-History of PPROM 3-Trauma 4-Amniocentesis 5-Polyhydramnios

Prevention:

1-Identification of the high risk group (e.g. twins, previous PPROM, UTI) 2-Treatment of the infection

Evaluation:

1-Dating & exact timing of ROM 2-Signs of Chorioamnionitis 3-Digital examination should be avoided
4-Gush of fluid (watery, colorless, odorless) 5-Sterile speculum examination 6-Lab studies
7-U/S evaluation 8-Indigo Carmine Injection 9-Fetal Monitoring

Types (according to site of tear):

1-Lower half→ Rupture of forewater 2-Upper half→ Rupture of hindwater

****Hindwater rupture has better prognosis and spontaneous sealing occurs more often

Management:

A) Gestational age less than 28 weeks: There is little chance of fetal survival, usually inevitable abortion

B) Gestational age between 28-34 weeks:

1-Exclude infection: (Signs: Tachycardia, fever – Investigations: CBC, ↑ESR, C-reactive protein)
2-Exclude Fetal distress: (Fetal kicking, U/S, Biophysical profile)
2-Conservative management till 35th week:
-Rest in bed -Prophylactic antibiotics (Erythromycin - Cephalosporin)
-Corticosteroid therapy: to enhance lung maturity, Dose→ 24 mg divided in 2-3 doses in 24 hrs
-Observation of temp, malaise, abdominal pain, … -Frequent evaluation every 48 hours

****Terminate pregnancy with any abnormality in mother or baby (Vaginal or CS as suitable for the case)

****In immunocompromised patients (e.g. DM) → Shorten conservative TTT as possible

****In Extreme premature: -Amnioinfusion: infusion of fluid intrauterine to compensate the loss of liquor
-Amniopatch: sealing the tear with the use of platelets and cryoprecipitate

C) Gestational age over 36 weeks: wait for 24 hrs, 90% of cases will pass into spontaneous labor

****If patient is using a cerclage→ It should be removed to avoid infection